| -, | | | | |
|---------|--|-------|--------|---------------------------|
| | n this information to identify your case: | | | |
| Deb | tor 1 Stephen E Pierce, III First Name Middle Name Last Name | | | |
| Deb | | | | |
| (Spou | se if, filing) First Name Middle Name Last Name | | | |
| Unit | ed States Bankruptcy Court for the: DISTRICT OF OREGON | | | |
| Cas | e number 16-60129-tmr13 | | | |
| (if kno | wn) | | | ck if this is an |
| | | | amei | nded filing |
| | | | | |
| | icial Form 106Sum | | | |
| | nmary of Your Assets and Liabilities and Certain Statistical Information | | | 12/15 |
| | s complete and accurate as possible. If two married people are filing together, both are equally responsible f mation. Fill out all of your schedules first; then complete the information on this form. If you are filing amen | | | |
| | original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | ,,,,,, | autor you mo |
| Part | 1: Summarize Your Assets | | | |
| | | , | /our | assets |
| | | | | of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) | | | 440.000.00 |
| | 1a. Copy line 55, Total real estate, from Schedule A/B | | \$ | 110,360.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | | \$ | 13,974.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | | \$ | 124,334.00 |
| Part | 2: Summarize Your Liabilities | | | |
| ran | 2. Cammanae Tour Elasmines | | | |
| | | | | liabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | | | |
| | 2a. Copy the total you listed in Column A, <i>Amount of claim,</i> at the bottom of the last page of Part 1 of <i>Schedule D</i> | | \$ | 117,216.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | | | 4 604 60 |
| | 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | | \$ | 1,691.60 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | | \$ | 267,541.11 |
| | | | | |
| | Your total liabilities | \$_ | | 386,448.71 |
| | | | | |
| Part | 3: Summarize Your Income and Expenses | | | |
| 4. | Schedule I: Your Income (Official Form 106I) | | | 2.405.00 |
| | Copy your combined monthly income from line 12 of Schedule I | | \$ | 2,185.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | | \$ | 2,010.00 |
| Part | 4: Answer These Questions for Administrative and Statistical Records | | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? | | | |
| ٥. | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your nothing to report on this part of the form. | our o | ther s | schedules. |
| | ■ Yes | | | |
| 7. | What kind of debt do you have? | | | |
| | | | | |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

 From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,072.16

\$

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total o | laim |
|--|---------|------------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 741.60 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 950.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 98,560.38 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 100,251.98 |

| Deb | n this information | | | <u> </u> | | | | |
|----------|---|----------------------------------|----------------------------|-----------|---|---|--|---|
| Den | | ephen E Pie ^{t Name} | | Name | Last Name | | | |
| | tor 2 ise, if filing) First | t Name | Middle | Name | Last Name | | | |
| Jnite | ed States Bankrupt | cy Court for th | ne: DISTRICT | OF OR | EGON | | | |
| Case | e number <u>16-60</u> | 129-tmr13 | | | | | | ☐ Check if this is an amended filing |
| | icial Form | | | | | | | |
| <u> </u> | hedule A | /B: Pro | perty | | | | | 12/15 |
| _ | No. Go to Part 2. | y legal of equito | able interest in an | iy reside | nce, building, land, or similar property? | | | |
| □ | | operty? | | What | is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative | amount of | any secured clai | ms or exemptions. Put the ims on <i>Schedule D:</i> is <i>Secured by Property.</i> |
| □ ■ | No. Go to Part 2. Yes. Where is the pro 681 N Catron Si Street address, if availab | t ole, or other descri | ption 97361-0000 | What | s is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | Current va | any secured clai Who Have Claim ulue of the perty? | ins on Schedule D: s Secured by Property. Current value of the portion you own? |
| □ ■ | No. Go to Part 2. Yes. Where is the pro 681 N Catron St Street address, if available | operty? t ole, or other descri | ption | What | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other | Current va entire prop | any secured claim Who Have Claim ulue of the perty? 10,360.00 he nature of yo | ins on Schedule D: s Secured by Property. Current value of the portion you own? |
| □ ■ | No. Go to Part 2. Yes. Where is the pro 681 N Catron Si Street address, if availab | t ole, or other descri | ption 97361-0000 | What | Sis the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare | Current va entire prop \$12 Describe t (such as fe a life estat | any secured claim who Have Claim ulue of the perty? 10,360.00 he nature of yo ee simple, tena e), if known. | current value of the portion you own? \$110,360.00 Sur ownership interest ncy by the entireties, or to 1st trust deed |
| □ ■ | No. Go to Part 2. Yes. Where is the pro 681 N Catron Si Street address, if availab | t ole, or other descri | ption 97361-0000 | What | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one | Current va entire prop \$12 Describe t (such as fe a life estat | any secured claim who Have Claim ulue of the perty? 10,360.00 he nature of yo ee simple, tena e), if known. ple subject | current value of the portion you own? \$\frac{110,360.00}{200}\$ Surrownership interest oncy by the entireties, or to 1st trust deed |
| □ ■ | No. Go to Part 2. Yes. Where is the pro 681 N Catron St Street address, if availab Monmouth City | t ole, or other descri | ption 97361-0000 | What | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Current va entire prop \$12 Describe t (such as fr a life estat Fee sim and 4 ju | any secured claim who Have Claim alue of the perty? 10,360.00 he nature of yo ee simple, tena e), if known. ple subject dgement lie | current value of the portion you own? \$\frac{110,360.00}{200}\$ Surrownership interest oncy by the entireties, or to 1st trust deed |
| | No. Go to Part 2. Yes. Where is the pro 681 N Catron St Street address, if availab Monmouth City | t ole, or other descri | ption 97361-0000 | What | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Current value entire properties to such as fealife estate Fee sim and 4 ju | any secured claim who Have Claim ulue of the perty? 10,360.00 he nature of your see simple, tena e), if known. ple subject dgement lie k if this is committructions) | Current value of the portion you own? \$110,360.00 our ownership interest ncy by the entireties, or to 1st trust deed |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

| Deb | tor 1 S | tephen E Pi | erce, III | | Case number (ii | f known) 16- | -60129-tmr13 |
|---------------|---------------------|-------------------------------|--|---|-----------------------|---------------------|--|
| 3. C a | ars, vans, | trucks, tract | ors, sport utility ve | hicles, motorcycles | | | |
| П | No | | | | | | |
| | Yes | | | | | | |
| | 100 | | | | | | |
| 3.1 | Make: | Toyota | | Who has an interest in the property? Check one | | | laims or exemptions. Put |
| | Model: | Camry | | ■ Debtor 1 only | the amou | | ed claims on Schedule D: nims Secured by Property. |
| | Year: | 1999 | | Debtor 2 only | | alue of the | Current value of the |
| | Approxin | nate mileage: | 190000 | Debtor 1 and Debtor 2 only | entire pr | | portion you own? |
| | Other inf | ormation: | | At least one of the debtors and another | | | |
| | | | | Check if this is community property (see instructions) | | \$2,500.00 | \$2,500.00 |
| 5 A .p | ages you 3: Descri | have attache | d for Part 2. Write | rn for all of your entries from Part 2, includ that number herems | | | \$2,500.00 Current value of the |
| · | | goods and fu | | terest in any or the following items: | | | portion you own? Do not deduct secured claims or exemptions. |
| E | | Major appliand | | , china, kitchenware | | | |
| | | | misc household | l furnishings | | | \$1,500.00 |
| E | | Televisions ar including cell | | eo, stereo, and digital equipment; computers, nedia players, games | printers, scanners; | music collec | ctions; electronic devices |
| | xamples: | other collectio | figurines; paintings, ns, memorabilia, co | prints, or other artwork; books, pictures, or ot llectibles | her art objects; sta | mp, coin, or t | paseball card collections; |
| | | | books, CDs | | | | \$400.00 |
| | xamples: | musical instru | graphic, exercise, ar ments | nd other hobby equipment; bicycles, pool table | es, golf clubs, skis; | canoes and | |
| | | | 2 kayaks | | | | \$200.00 |

Official Form 106A/B Schedule A/B: Property

page 2

| D | eptor 1 Stephen E I | rierce, III | Case number (if known) | 16-60129-tmr13 |
|-----|--|--|---|---|
| 10. | Firearms Examples: Pistols, rifle No Yes. Describe | es, shotguns, ammunition, and related equipment | | |
| 11. | Clothes | lothes, furs, leather coats, designer wear, shoes, | accessories | |
| | | clothes | | \$200.00 |
| 12. | . Jewelry Examples: Everyday je □ No ■ Yes. Describe | ewelry, costume jewelry, engagement rings, wedc | ing rings, heirloom jewelry, watches, gems, | gold, silver |
| | | jewelry | | \$1,600.00 |
| 14. | Non-farm animals Examples: Dogs, cats, No Yes. Describe Any other personal ar No Yes. Give specific in | nd household items you did not already list, in | cluding any health aids you did not list | |
| | for Part 3. Write that | of all of your entries from Part 3, including ar number here | | \$3,900.00 |
| | art 4: Describe Your Finan | legal or equitable interest in any of the followi | ng? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | □ No | have in your wallet, in your home, in a safe depo | | on |
| | | | cash | \$5.00 |
| 17. | | savings, or other financial accounts; certificates o If you have multiple accounts with the same inst Institution na | itution, list each. | houses, and other similar |
| | | 17.1. Columbia | Bank business accounts | \$52.00 |
| | | 17.2. Columbia | Bank - personal account | \$17.00 |
| | | 17.3. Capital Or | e 360 - online checking | \$1,000.00 |
| | | | | |

Official Form 106A/B Schedule A/B: Property

page 3

Best Case Bankruptcy

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| De | ebtor 1 | Stephen E Pierce, III | Case number (if known) | 16-60129-tmr13 |
|-----|-----------------|--|-----------------------------------|---|
| 28. | ■ No | unds owed to you Give specific information about them, including whether you already filed the ret | urns and the tax years | |
| 29. | ■ No | support les: Past due or lump sum alimony, spousal support, child support, maintenanc Give specific information | e, divorce settlement, property | settlement |
| 30. | Example ■ No | mounts someone owes you les: Unpaid wages, disability insurance payments, disability benefits, sick pay, v benefits; unpaid loans you made to someone else Give specific information | vacation pay, workers' comper | nsation, Social Security |
| 31. | | es in insurance policies les: Health, disability, or life insurance; health savings account (HSA); credit, ho | meowner's, or renter's insurar | nce |
| | | Name the insurance company of each policy and list its value. Company name: Bei | neficiary: | Surrender or refund value: |
| | If you a someon | erest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance policy, he has died. Give specific information | or are currently entitled to rece | eive property because |
| 33. | Example ■ No | against third parties, whether or not you have filed a lawsuit or made a de les: Accidents, employment disputes, insurance claims, or rights to sue Describe each claim | mand for payment | |
| 34. | ■ No | ontingent and unliquidated claims of every nature, including counterclaim Describe each claim | ns of the debtor and rights to | set off claims |
| 35. | ■ No | Give specific information | | |
| 36 | | ne dollar value of all of your entries from Part 4, including any entries for p rt 4. Write that number here | | \$4,574.00 |
| Pa | rt 5: Des | cribe Any Business-Related Property You Own or Have an Interest In. List any real est | ate in Part 1. | |
| I | □ No. Go | wn or have any legal or equitable interest in any business-related property? to Part 6. o to line 38. | | |
| | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38. | Accoun | ts receivable or commissions you already earned | | |
| | ☐ Yes. | Describe | | |

Official Form 106A/B Schedule A/B: Property page 5

| De | ebtor 1 | Stephen E Pierce, III | Case number (if known) | 16-60129-tmr13 |
|-----|----------|---|--|------------------------------|
| 39. | | equipment, furnishings, and supplies oles: Business-related computers, software, modems, printers, co | piers, fax machines, rugs, telephones, desks | , chairs, electronic devices |
| | ■ Yes. | Describe | | |
| | | computers, gear, video, audio equipme websites and software | ent for business, internet | \$3,000.00 |
| 40 | Machir | nery, fixtures, equipment, supplies you use in business, and | tools of your trade | |
| | ■ No | ,, , | | |
| | | Describe | | |
| 11 | Invente | OTY | | |
| +1. | ■ No | or y | | |
| | | Describe | | |
| 42 | Interes | sts in partnerships or joint ventures | | |
| | ■ No | and in particular on joint remained | | |
| | | Give specific information about them Name of entity: | % of ownership: | |
| | Custor | mer lists, mailing lists, or other compilations | | |
| ı | ☐ Do you | ur lists include personally identifiable information (as defined in 11 U.S. | C. § 101(41A))? | |
| | ı | ■ No | | |
| | | ☐ Yes. Describe | | |
| 11 | Any hu | usiness-related property you did not already list | | |
| ++. | ■ No | isiness-related property you did not already list | | |
| | | Give specific information | | |
| | | | г | |
| 45 | | the dollar value of all of your entries from Part 5, including ar art 5. Write that number here | | \$3,000.00 |
| Pa | | scribe Any Farm- and Commercial Fishing-Related Property You Own of our own or have an interest in farmland, list it in Part 1. | or Have an Interest In. | |
| 46. | Do you | ມ own or have any legal or equitable interest in any farm- or c | ommercial fishing-related property? | |
| | No. | Go to Part 7. | | |
| | ☐ Yes | Go to line 47. | | |
| Pa | rt 7: | Describe All Property You Own or Have an Interest in That You Did N | lot List Above | |
| 53. | | u have other property of any kind you did not already list? | | |
| | ■ No | ,, | | |
| | | Give specific information | | |
| 54 | . Add t | the dollar value of all of your entries from Part 7. Write that no | umber here | \$0.00 |

Official Form 106A/B Schedule A/B: Property page 6

| Deb | Stephen E Pierce, III | | | Case number (if known) | 16-60129-tmr13 |
|------|--|---|-------------|---------------------------|------------------|
| Part | 8: List the Totals of Each Part of this Form | | | | |
| 55. | Part 1: Total real estate, line 2 | | | | \$110,360.00 |
| 56. | Part 2: Total vehicles, line 5 | | \$2,500.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | | \$3,900.00 | | |
| 58. | Part 4: Total financial assets, line 36 | | \$4,574.00 | | |
| 59. | Part 5: Total business-related property, line 45 | | \$3,000.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | _ | \$13,974.00 | Copy personal property to | stal \$13,974.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | | \$124,334.00 |

Official Form 106A/B Schedule A/B: Property page 7

| Fill in this information to identify your case: | | | | | | | |
|---|--------------------------|--------------------|-----------|--------------------------------------|--|--|--|
| Debtor 1 | Stephen E Pierce | , III | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF OREGON | | | | | |
| Case number | 16-60129-tmr13 | | | | | | |
| (if known) | | | | ☐ Check if this is an amended filing | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | Identify the Property You Claim as E | xempt | | | |
|----|--|--------------------------------------|---------|---|------------------------------------|
| 1. | Which set of exemptions are you claiming | ? Check one only, eve | n if yo | our spouse is filing with you. | |
| | ■ You are claiming state and federal nonban | kruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
| | ☐ You are claiming federal exemptions. 11 to | J.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | mpt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | 681 N Catron St Monmouth, OR | \$110,360.00 | | \$40,000.00 | ORS §§ 18.395, 18.402 |
| | 97361 Polk County Debtor's residence; has shared interest title problem and needs | | | 100% of fair market value, up to any applicable statutory limit | |

| Debtor's residence; has shared interest title problem and needs paint and roof Line from Schedule A/B: 1.1 | | Ц | 100% of fair market value, up to any applicable statutory limit | |
|--|------------|---|---|--------------------|
| 1999 Toyota Camry 190000 miles Line from Schedule A/B: 3.1 | \$2,500.00 | | \$2,500.00 | ORS § 18.345(1)(d) |
| Life from Schedule A.B. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| misc household furnishings Line from Schedule A/B: 6.1 | \$1,500.00 | | \$1,500.00 | ORS § 18.345(1)(f) |
| Line nom <i>Schedule A/B</i> . 0.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| books, CDs Line from Schedule A/B: 8.1 | \$400.00 | | \$400.00 | ORS § 18.345(1)(a) |
| Line nom <i>Schedule A/B</i> . 0.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2 kayaks Line from Schedule A/B: 9.1 | \$200.00 | | \$200.00 | ORS § 18.345(1)(b) |
| | | 100% of fair market value, up to any applicable statutory limit | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

| De | btor 1 Stephen E Pierce, III | | | Case number (if known) | 16-60129-tmr13 |
|----|---|--|---------|--|------------------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | | ount of the exemption you claim eck only one box for each exemption. | Specific laws that allow exemption |
| | clothes Line from Schedule A/B: 11.1 | \$200.00 | | \$200.00 | ORS § 18.345(1)(b) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | jewelry Line from Schedule A/B: 12.1 | \$1,600.00 | | \$1,600.00 | ORS § 18.345(1)(b) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | cash Line from Schedule A/B: 16.1 | \$5.00 | | \$5.00 | ORS § 18.345(1)(p) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Columbia Bank business accounts Line from Schedule A/B: 17.1 | \$52.00 | | \$52.00 | ORS § 18.345(1)(p) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Columbia Bank - personal account Line from Schedule A/B: 17.2 | \$17.00 | | \$17.00 | ORS § 18.345(1)(p) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Capital One 360 - online checking Line from Schedule A/B: 17.3 | \$1,000.00 | | \$126.00 | ORS § 18.345(1)(p) |
| | Zino nom conocido 772. Tric | | | 100% of fair market value, up to any applicable statutory limit | |
| | PayPal account - business Line from Schedule A/B: 17.4 | \$500.00 | | \$200.00 | ORS § 18.345(1)(p) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | computers, gear, video, audio equipment for business, internet | \$3,000.00 | | \$3,000.00 | ORS § 18.345(1)(c) |
| | websites and software Line from Schedule A/B: 39.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/16 and every | | | filed on or after the date of adjustme | nt.) |
| | ■ No | | | | |
| | Yes. Did you acquire the property cover | ed by the exemption w | ithin 1 | ,215 days before you filed this case | ? |
| | □ No □ Yes | | | | |
| | – 103 | | | | |

| Schedule D: Creditors Who Have Claims Secured by Property 1 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more s needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case num known). | | | | | ır case: | ormation to identify you | Fill in this info |
|--|---------------|---------------------|------------------------|--------------------|-------------------------------------|-------------------------------|---------------------|
| Dation 2 (Spouse If, Bling) First Name | | | | | e III | Stephen F Pierc | Debtor 1 |
| Shoose if, things First Name Middle Name Last Name | | | | Last Name | • | | Bosto. 1 |
| United States Bankruptcy Court for the: DISTRICT OF OREGON Case number 16-60129-tmr13 Check if this is a a amended filing (of known) Check if this is a an amended filing (of known) Check if this is a an amended filing (of known) Check if this is a an amended filing (of known) Check if this is an amended filing (of known) Column A Amount of claim an appeal of known in a special claim, list the creditor separately for column A Amount of claim special claim, list the other creditors in Fart 2. As much as particular claim, list the other creditors in Fart 2. As much as a case of known in a special claim, list the other creditors in Fart | | | | | | | |
| Case number 16-60129-tmr13 Check if this is at a mended filing Check if this is at a mended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 1 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case numbrown). I ho any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. | | | | Last Name | Middle Name | First Name | (Spouse if, filing) |
| Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 1 Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case numbers, only the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case numbers, only the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case numbers, only the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case numbers, only the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case numbers. 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes, Eill in all of the information below. | | | | | DISTRICT OF OREGON | Sankruptcy Court for the: | United States E |
| Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 1 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case num known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Yes. Fill in all of the information below. Part 1: List All Secured Claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. 2.1 Bennett Law | | _ | | | | 16-60129-tmr13 | |
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| 2.1 Bennett Law Describe the property that secures the claim: 10542 South Jordan Gateway #200 South Jordan, UT 84095 Number, Street, City, State & Zip Code Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 and Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Creditor's Name Column A Column B Column A Column B Column A Column B Column B Column A Column B Colu | | port on this form. | u have nothing else to | her schedules. You | his form to the court with your of | eck this box and submit the | ☐ No. Che |
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| Describe the property that secures the claim: \$4,307.00 \$110,360.00 | | | | in Part 2. As much | | | |
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| As of the date you file, the claim is: Check all that apply. Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 anly At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Creditor's Name As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. As a of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Describe the property that secures the claim: \$10,039.00 \$110,360.00 | | | | needs | 1 | | |
| South Jordan, UT 84095 Number, Street, City, State & Zip Code Unliquidated Disputed | | | | S: Check all that | • | | |
| Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Creditor's Name Other (including a right to offset) Describe the property that secures the claim: \$10,039.00\$ \$110,360.00\$ | | | | S. Check all that | apply. | | |
| Who owes the debt? Check one. Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Other (including a right to offset) Last 4 digits of account number Other (property that secures the claim: Creditor's Name Other (property that secures the claim: \$10,039.00 \$110,360.00 | | | | | _ | | |
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| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt Date debt was incurred CitiBank (South Dakota), NA Creditor's Name Creditor's Name □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Ot | | | | | , , | | _ ′ |
| □ At least one of the debtors and another □ Check if this claim relates to a community debt □ CitiBank (South Dakota), NA Creditor's Name □ Creditor's Name □ Judgment lien from a lawsuit □ Other (including a right to offset) □ Other (including a right to o | | | | nechanic's lien) | ☐ Statutory lien (such as tax lien. | | _ ` |
| Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number 0943 2.2 CitiBank (South Dakota), NA Creditor's Name Creditor's Name Other (including a right to offset) Last 4 digits of account number 0943 Describe the property that secures the claim: \$10,039.00 \$110,360.00 \$110,360.00 | | | | , | _ | - | |
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| 2.2 CitiBank (South Dakota), NA Describe the property that secures the claim: \$10,039.00 \$110,360.00 Creditor's Name 681 N Catron St Monmouth, OR 97361 Polk County Debtor's residence; has shared | | | | | , , , | debt | community |
| Creditor's Name 681 N Catron St Monmouth, OR 97361 Polk County Debtor's residence; has shared | | | | mber <u>0943</u> | Last 4 digits of account r | ncurred | Date debt was in |
| Creditor's Name 681 N Catron St Monmouth, OR 97361 Polk County Debtor's residence; has shared | \$0.00 | ¢110.260.00 | ¢10.020.00 | | | k (South Dakota), | / / |
| 97361 Polk County Debtor's residence; has shared | Ψ0.00 | \$110,300.00 | Ψ10,039.00 — | | | ama | NA NA |
| Debtor's residence; has shared | | | | in, OR | | arric | Orealtor 3 14a |
| · | | | | hared | | | |
| the section of the se | | | | | 1 | | |
| 701 East 60th Street paint and roof | | | | | • | t 60th Street | 701 Eas |
| North As of the date you file, the claim is: Check all that apply. | | | | S. Cneck all that | | | |
| Sioux Falls, SD 57117 Contingent | | | | | | | - |
| Number, Street, City, State & Zip Code Unliquidated | | | | | ' | eet, City, State & Zip Code | Number, Stre |
| Who owes the debt? Check one. Disputed Nature of lien. Check all that apply. | | | | v. | • | debt? Check one | Who owes the |
| ■ Debtor 1 only □ An agreement you made (such as mortgage or secured | | | ed | • | | | _ |
| Debtor 2 only Car loan) | | | | sgago or socure | , , | | |
| ☐ Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | nechanic's lien) | ☐ Statutory lien (such as tax lien, | | |

Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 3

| Debtor 1 Stephen E Pierce, III First Name Middle N | Name Last Name | Case number (if know) | 16-60129-tmr13 | |
|--|---|--------------------------|----------------|------------|
| | | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) Judgi | ment Lien entered 7/8/11 | | |
| Date debt was incurred | Last 4 digits of account number | 0294 | | |
| 2.3 Discover Bank | Describe the property that secures the claim | \$10,051.00 | \$110,360.00 | \$0.00 |
| Creditor's Name Mr James J Roszkowski, | 681 N Catron St Monmouth, OR 97361 Polk County Debtor's residence; has shared interest title problem and needs paint and roof | | | |
| President 502 E Market Street | As of the date you file, the claim is: Check all tapply. | hat | | |
| Greenwood, DE 19950 | Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only ■ Debtor 2 only | ☐ An agreement you made (such as mortgage car loan) | or secured | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's l | ien) | | |
| ☐ At least one of the debtors and another | ■ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred | Last 4 digits of account number | xxx | | |
| | | | | |
| 2.4 Ocwen Loan Servicing | Describe the property that secures the claim | \$82,703.00 | \$110,360.00 | \$0.00 |
| Creditor's Name | 681 N Catron St Monmouth, OR | | | ***** |
| | 97361 Polk County Debtor's residence; has shared | | | |
| Corporation Socies | interest title problem and needs | | | |
| Corporation Service Company, Reg Ag | paint and roof | | | |
| 285 Liberty St NE | As of the date you file, the claim is: Check all t | hat | | |
| Salem, OR 97301 | apply. Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only | ☐ An agreement you made (such as mortgage | or secured | | |
| Debtor 2 only | car loan) | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's l | ien) | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | of Trust | | |
| Date debt was incurred | Last 4 digits of account number | 190 | | |
| Portfolio Recovery | | | | |
| Associates LLC | Describe the property that secures the claim | : \$10,116.00 | \$110,360.00 | \$6,856.00 |
| Creditor's Name | 681 N Catron St Monmouth, OR | | | |
| | 97361 Polk County | | | |
| | Debtor's residence; has shared | | | |
| | interest title problem and needs | | | |
| ATTN: Bankruptcy Dept | paint and roof As of the date you file, the claim is: Check all t | | | |
| 120 Corporate Blvd | apply. | | | |
| Norfolk, VA 23502 | Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |

Official Form 106D Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 3

| Debtor 1 Stephen E Pierce, III First Name Middle N | lame Last Name | Case number (if know) | 16-60129-tmr13 |
|--|--|---|--|
| First Name Middle N | lame Last Name | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that app | oly. | |
| ■ Debtor 1 only □ Debtor 2 only | An agreement you made (such car loan) | as mortgage or secured | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, i | mechanic's lien) | |
| ☐ At least one of the debtors and another | Judgment lien from a lawsuit | | |
| ☐ Check if this claim relates to a community debt | ☐ Other (including a right to offset | <u> </u> | |
| Date debt was incurred | Last 4 digits of account nu | umber <u>0086</u> | |
| Add the dollar value of your entries in C If this is the last page of your form, add Write that number here: Part 2: List Others to Be Notified for | the dollar value totals from all page | \$117,2° | 16.00 |
| to collect from you for a debt you owe to s | someone else, list the creditor in Pa | art 1, and then list the collection agency he | For example, if a collection agency is trying ere. Similarly, if you have more than one resons to be notified for any debts in Part 1, |
| Name Address | | | |
| Chase Bank USA, NA | | On which line in Part 1 did you | enter the creditor? |
| John C Marion, President & 201 North Walnut St Wilmington, DE 19801 | & Director | Last 4 digits of account number | |
| Name Address | | | |
| Equable Ascent Financial I | ıc | On which line in Part 1 did you | enter the creditor? |
| 160 N Franklin | | • | <u> </u> |
| 3rd Floor Chicago, IL 60606 | | Last 4 digits of account number | er |

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Fill in t | his information to identify your | case: | | | | |
|--|--|---|--|---|--|---|
| Debtor | 1 Stephen E Pierce, | III | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor : (Spouse if | | Middle Name | Last Name | | | |
| United 9 | States Bankruptcy Court for the: | DISTRICT OF OREGON | N | | | |
| Case no | umber 16-60129-tmr13 | | | | | |
| (if known) | | | | | _ | if this is an ded filing |
| | al Form 106E/F dule E/F: Creditors W | ho Have Unsecu | ured Claims | | | 12/15 |
| any exectory any exectory any exectory and execute School and execute the Continuation and exectory any exectory and exector and exectory and exector and exectory and exectory and exectory and exectory and exector and exectory and exectory and exectory and exectory and exector and exectory and exectory and exectory and exectory and exector and exectory and exectory and exectory and exectory and exector and exectory and exectory and exectory and exectory and exector and exectory and exectory and exectory and exectory and executory and exectory ar | mplete and accurate as possible. Use utory contracts or unexpired leases to gray the contracts and Unexpirors Who Have Claims Secured by Proincation Page to this page. If you have if known). List All of Your PRIORITY Un | hat could result in a claim. ed Leases (Official Form 10 pperty. If more space is need e no information to report in | Also list executory contracts 16G). Do not include any cred ded, copy the Part you need, | s on Schedule A/B: Pro ditors with partially se fill it out, number the | operty (Official Form cured claims that are entries in the boxes | 106A/B) and on listed in Schedule on the left. Attach |
| | any creditors have priority unsecured | | | | | |
| _ | No. Go to Part 2. | | | | | |
| | Yes | | | | | |
| 2. List iden poss | all of your priority unsecured claims. tify what type of claim it is. If a claim has sible, list the claims in alphabetical order more than one creditor holds a particula | s both priority and nonpriority a r according to the creditor's na | amounts, list that claim here ar ame. If you have more than two | nd show both priority an | d nonpriority amounts | . As much as |
| (For | an explanation of each type of claim, se | ee the instructions for this form | n in the instruction booklet.) | Total claim | Priority amount | Nonpriority amount |
| 2.1 | IRS (Central Insolvency Operations) | Last 4 digits of | account number | \$950.00 | | \$0.00 |
| | Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 | When was the | debt incurred? | | - | |
| - | Number Street City State Zlp Code | | you file, the claim is: Check a | all that apply | | |
| Wi | Who incurred the debt? Check one. | | | | | |
| ■ Debtor 1 only □ Unliquidated | | | | | | |
| | Debtor 2 only | ☐ Disputed | | | | |
| | Debtor 1 and Debtor 2 only | Type of PRIORI | ITY unsecured claim: | | | |
| | At least one of the debtors and another | □ Domestic su | pport obligations | | | |
| | Check if this claim is for a commun | | ertain other debts you owe the | government | | |
| | the claim subject to offset? | • | eath or personal injury while yo | - | | |
| | No | ☐ Other. Speci | ify | | | |
| | Yes | -1 | Income Tax due | | | - |

| | 1 | | | | | |
|-----|--|---|-------------------|------------------------------|------------------------|-----------------|
| 2.2 | | Last 4 digits of account number | | \$0.00 | \$0.00 | \$0.00 |
| | Priority Creditor's Name 955 Center Street NE Salem, OR 97301-2555 | When was the debt incurred? | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all th | at apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | ■ Debtor 1 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 2 only | ☐ Disputed | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cla | im: | | | |
| | ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ■ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated | | | | |
| | ■ No □ Other. Specify | | | | | |
| | Yes | Notice onl | y | | | |
| 2.3 | Priority Creditor's Name Division of Child Support 1162 Court Street NE Salem, OR 97301 Number Street City State Zlp Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim Contingent Unliquidated Disputed Type of PRIORITY unsecured cla Domestic support obligations Taxes and certain other debts y Claims for death or personal inju Other. Specify | is: Check all the | vernment vere intoxicated | \$741.60 | \$0.00 |
| | List All of Your NONPRIORITY Unsec | | | | | |
| 3. | Do any creditors have nonpriority unsecured claim | | | | | |
| | ☐ No. You have nothing to report in this part. Submit | this form to the court with your other so | chedules. | | | |
| | ■ Yes. | | | | | |
| | List all of your nannriarity uncasured alaims in the | and all of an investment of the same Pro- | | | more than one negation | the company and |

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

| btor 1 Stephen E Pierce, III | Case number (if know) 16-60129-tmr1 | 13 |
|---|---|-------------|
| AT&T Mobility Wireless Ops Holdings Inc. | Last 4 digits of account number 2036 | \$364.11 |
| Nonpriority Creditor's Name CT Corporation System, Registered Agent 388 State St #420 | When was the debt incurred? | |
| Salem, OR 97301 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | ☐ Contingent | |
| ■ Debtor 1 only | ☐ Unliquidated | |
| Debtor 2 only | Disputed | |
| ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| ☐ At least one of the debtors and another | ☐ Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify for services not rendered/ disputed | |
| AT&T Universal Card (Citi) | Last 4 digits of account number 1573 | \$10,039.32 |
| Nonpriority Creditor's Name PO Box 6500 Sioux Falls, SD 57117-6500 | When was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | ☐ Contingent | |
| ■ Debtor 1 only | ☐ Unliquidated | |
| Debtor 2 only | ☐ Disputed | |
| ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| ☐ At least one of the debtors and another | ☐ Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify credit card(s) | |
| Bank of America - Worldpoints Nonpriority Creditor's Name | Last 4 digits of account number 1218 | \$9,046.00 |
| PO Box 15026 Wilmington, DE 19850 | When was the debt incurred? | |
| Number Street City State ZIp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | ☐ Contingent | |
| Debtor 1 only | ☐ Unliquidated | |
| Debtor 2 only | ☐ Disputed | |
| Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | ☐ Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify credit card | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 3 of 13

| Debtor 1 | Stephen E Pierce, III | Case number (if know) 16-60129-tmr1 | 3 |
|----------|--|---|-------------|
| 4.4 | Cach LLC | Last 4 digits of account number | \$10,308.16 |
| 1 | Nonpriority Creditor's Name c/o Mandarich Law Group, LLP ATTN: Ryan Vos 6301 Owensmouth Ave #850 | When was the debt incurred? | ψ10,000.10 |
| 1 | Woodland Hills, CA 91367 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| - | Who incurred the debt? Check one. | ☐ Contingent | |
| | Debtor 1 only | □ Unliquidated | |
| | Debtor 2 only | □ Disputed | |
| l | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| I | At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt s the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| 1 | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| I | Yes | ■ Other. Specify claim(s) of US Bank | |
| 4.5 | Capital One | Last 4 digits of account number 9165 | \$1,500.00 |
| I | Nonpriority Creditor's Name ATTN: Bankruptcy PO Box 30285 | When was the debt incurred? | · |
| 1 | Salt Lake City, UT 84130-0285 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | |
| | Debtor 1 only | ☐ Unliquidated | |
| | Debtor 2 only | Disputed | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt sthe claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| I | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| I | Yes | Other. Specify credit card purchases | |
| | Chase Bank USA, NA | Last 4 digits of account number 4913 | \$10,148.00 |
| • | Nonpriority Creditor's Name John C Marion, President & | When was the debt incurred? | |
| 2 | Director 201 North Walnut St Wilmington, DE 19801 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | _ | ☐ Contingent | |
| | Debtor 1 only | ☐ Unliquidated | |
| | Debtor 2 only | ☐ Disputed | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt s the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| I | ☐ Yes | ■ Other. Specify Credit card purchases | |

Schedule E/F: Creditors Who Have Unsecured Claims

| 1 Stephen E Pierce, III | | Case number (if know) | 16-60129-tmr13 | 3 |
|--|--|-------------------------------|------------------|----------|
| CitiBank, NA | Last 4 digits of account number | 3181 | | \$20,112 |
| Nonpriority Creditor's Name Gene McQuade, CEO 701 East 60th Street N Sioux Falls, SD 57104 | When was the debt incurred? | | | |
| Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | |
| Who incurred the debt? Check one. | ☐ Contingent | | | |
| ■ Debtor 1 only | ☐ Unliquidated | | | |
| ☐ Debtor 2 only | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | 1 claim: | | |
| ☐ At least one of the debtors and another | ☐ Student loans | a ciaiii. | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce | that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar de | bts | |
| ☐ Yes | Other. Specify Citi Master | card | | |
| Dept of Education | Last 4 digits of account number | 6371 | | \$91,176 |
| Nonpriority Creditor's Name FedLoan Servicing PO Box 69184 | When was the debt incurred? | | | . , |
| Harrisburg, PA 17106 | A control of the cont | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| | ☐ Unliquidated | | | |
| Debtor 2 only | ☐ Disputed | | | |
| Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | d claim: | | |
| At least one of the debtors and another | Student loans | | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce | that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar de | bts | |
| Yes | Other. Specify | | | |
| | student loa | an(s) | | |
| Direct Loan Svc System | Last 4 digits of account number | | | Unkno |
| Nonpriority Creditor's Name PO Box 5609 Greenville, TX 75403 | When was the debt incurred? | | | |
| Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | | |
| Who incurred the debt? Check one. | ☐ Contingent | | | |
| ■ Debtor 1 only | ☐ Unliquidated | | | |
| ☐ Debtor 2 only | ☐ Disputed | | | |
| ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ At least one of the debtors and another | Student loans | | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce | that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar de | bts | |
| Yes | Other. Specify | | | |
| | | ans - NOTICE ONLY | | |

Schedule E/F: Creditors Who Have Unsecured Claims

| Discover Bank | Last 4 digits of account number 6027 | ሰ 0 ድድባ |
|--|---|----------------|
| Nonpriority Creditor's Name | Last 4 digits of account number 6027 | \$8,668. |
| Mr James J Roszkowski, President 502 E Market Street Greenwood, DE 19950 | When was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | ☐ Contingent | |
| ■ Debtor 1 only | ☐ Unliquidated | |
| ☐ Debtor 2 only | ☐ Disputed | |
| ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| ☐ At least one of the debtors and another | Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other Specify Credit card purchases | |
| Elanco Finl Svc | Last 4 digits of account number | \$3,623 |
| Nonpriority Creditor's Name PO Box 108 Saint Louis, MO 63166 | When was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | ☐ Contingent | |
| ■ Debtor 1 only | ☐ Unliquidated | |
| ☐ Debtor 2 only | ☐ Disputed | |
| ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| ☐ At least one of the debtors and another | Student loans | |
| ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify business credit card | |
| GE Money Bank/Home Design | Last 4 digits of account number ious | \$7,384 |
| Nonpriority Creditor's Name PO Box 965036 Orlando, FL 32896-5036 | When was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | ☐ Contingent | |
| ■ Debtor 1 only | ☐ Unliquidated | |
| ☐ Debtor 2 only | ☐ Disputed | |
| ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| ☐ At least one of the debtors and another | Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| □Yes | ☐ Other. Specify | |

Schedule E/F: Creditors Who Have Unsecured Claims

| John A. Sievertsen, CPA | Last 4 digits of account number | \$7 |
|--|---|-----|
| Nonpriority Creditor's Name 7417 SW Beaverton-Hillsdale Hwy Suite 100 Portland, OR 97225 | When was the debt incurred? | 7- |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| □ Yes | _ | |
| | Other. Specify | |
| LabCorp | Last 4 digits of account number 7264 | \$ |
| Nonpriority Creditor's Name POB 2240 | When was the debt incurred? | |
| Burlington, NC 27216 | when was the debt incured: | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | ☐ Contingent | |
| Debtor 1 only | ☐ Unliquidated | |
| ☐ Debtor 2 only | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| ☐ At least one of the debtors and another | Student loans | |
| ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify medical bill | |
| Machol & Johannes, LLC | Last 4 digits of account number | Unk |
| Nonpriority Creditor's Name Alison Nisbet, Registered Agent 780 NW York Dr, Ste 101 | When was the debt incurred? | |
| Lake Oswego, OR 97703 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | |
| Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other, Specify claim(s) of | |

| Debto | Stephen E Pierce, III | Case number (if know) 16-60129-tmr1 | 3 |
|-------|---|---|------------|
| 4.16 | Newegg.com Preferred Account | Last 4 digits of account number 7139 | \$4,172.12 |
| | Nonpriority Creditor's Name PO Box 2394 Omaha, NE 68103 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | |
| | ■ Debtor 1 only | ☐ Unliquidated | |
| | ☐ Debtor 2 only | ☐ Disputed | |
| | ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify credit line | |
| 4.17 | Patrick Scribner | Last 4 digits of account number | \$2,000.00 |
| | Nonpriority Creditor's Name dbs Wheeler on the Bay | When was the debt incurred? | |
| | 580 Marine Dr | When was the dest incurred: | |
| | Wheeler, OR 97147 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | |
| | ■ Debtor 1 only | ☐ Unliquidated | |
| | ☐ Debtor 2 only | ☐ Disputed | |
| | ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Services | |
| 4.18 | Qwest | Last 4 digits of account number 910R | \$79.03 |
| | Nonpriority Creditor's Name POB 91155 Seattle, WA 98111-9255 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | Continued. | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Internet, Home phone, Wireless Phone, TV | |

| Stephen E Pierce, III | Case number (if know) 16-6012 | 9-tmr13 |
|---|--|------------|
| Synchrony Bank/ Care Credit Nonpriority Creditor's Name | Last 4 digits of account number 8791 | \$1,139.0 |
| c/o PO Box 965036 Orlando, FL 32896 | When was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | ☐ Contingent | |
| Debtor 1 only | ☐ Unliquidated | |
| ☐ Debtor 2 only | ☐ Disputed | |
| ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| ☐ At least one of the debtors and another | ☐ Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did no report as priority claims | ot |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other Specify credit card debt | |
| Universal CD CBNA | Last 4 digits of account number XXXX | \$10,039.0 |
| Nonpriority Creditor's Name PO Box 6497 Sioux Falls, SD 57117 | When was the debt incurred? | <u> </u> |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | ☐ Contingent | |
| ■ Debtor 1 only | ☐ Unliquidated | |
| ☐ Debtor 2 only | ☐ Disputed | |
| ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| ☐ At least one of the debtors and another | ☐ Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did no report as priority claims | ot |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify credit card | |
| US Bank | Last 4 digits of account number 0081 | \$1,326.0 |
| Nonpriority Creditor's Name Mail Location CN-WN-15425 Walnut St | When was the debt incurred? | |
| Cincinnati, OH 45202 | | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | ☐ Contingent | |
| Debtor 1 only | ☐ Unliquidated | |
| Debtor 2 only | ☐ Disputed | |
| ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| \square At least one of the debtors and another | ☐ Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did no report as priority claims | ot |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify line of credit | |

| Debtor | 1 Stephen E Pierce, III | Case number (if know) 16-60129-tmr1 | 13 |
|--------|---|---|-------------|
| 4.22 | US Bank Cardmember Service | Last 4 digits of account number ious | \$30,903.10 |
| | Nonpriority Creditor's Name POB 108 | When was the debt incurred? | |
| | Saint Louis, MO 63166-9801 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | |
| | ■ Debtor 1 only | ☐ Unliquidated | |
| | ☐ Debtor 2 only | Disputed | |
| | ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Credit card purchases | |
| | | <u> </u> | |
| 4.23 | US Bank RMS CC | Last 4 digits of account number | \$41,427.00 |
| | Nonpriority Creditor's Name 205 W 4th St Cincinnati, OH 45202 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | |
| | ■ Debtor 1 only | ☐ Unliquidated | |
| | Debtor 2 only | Disputed | |
| | ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify credit cards and business credit card | |
| | US Bankruptcy Court, South. Dist. | | |
| 4.24 | of NY | Last 4 digits of account number 20MG | Unknown |
| | Nonpriority Creditor's Name Attn: Brian Masumoto & Michael | When was the debt incurred? | |
| | Driscoll | | |
| | US Federal Office Building | | |
| | 201 Varick Street, Suite 1006 | | |
| | New York, NY 10014 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify NOTICE ONLY | |
| | | · · · | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 10 of 13

| Debto | Stephen E Pierce, III | Case number (if know) 16-60129-tmr1 | 3 |
|----------------|--|---|----------------------|
| 4.25 | Wells Fargo Bank Nonpriority Creditor's Name | Last 4 digits of account number | Unknown |
| | PO Box 5058 MAC P6053-021 | When was the debt incurred? | |
| | Portland, OR 97208-5058 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify overdrawn DDA | |
| 4.26 | Wells Fargo Bank, NA | Last 4 digits of account number 7199 | \$0.00 |
| | Nonpriority Creditor's Name John G. Stumpf, President & CEO | When was the debt incurred? | |
| | 101 North Phillips Ave Sioux Falls, SD 57104 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | _ | ☐ Contingent | |
| | Debtor 1 only | ☐ Unliquidated | |
| | Debtor 2 only | ☐ Disputed | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | lacksquare Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify NOTICE ONLY - \$45,696.00 DEBT FORGIVEN | |
| 4.27 | West Coast Bank | Last 4 digits of account number 0002 | \$3,314.06 |
| | Nonpriority Creditor's Name Cardmember Service | When was the debt incurred? | |
| | PO Box 6335 Fargo, ND 58125 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | |
| | ■ Debtor 1 only | ☐ Unliquidated | |
| | Debtor 2 only | ☐ Disputed | |
| | ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | ☐ Student loans | |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify credit card purchases | |
| | 163 | Other. Specify Oreals Sala parchases | |
| Part 3 | List Others to Be Notified About a Debt | That You Already Listed | |
| trying more | g to collect from you for a debt you owe to someone than one creditor for any of the debts that you liste | it your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a e else, list the original creditor in Parts 1 or 2, then list the collection agency here. Si ed in Parts 1 or 2, list the additional creditors here. If you do not have additional pers | milarly, if you have |
| - | | age. which entry in Part 1 or Part 2 did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims | |

Line 4.10 of (Check one):

Schedule E/F: Creditors Who Have Unsecured Claims

Page 11 of 13

| Debtor 1 Stephen E Pierce, III | | Case number (if know) | 16-60129-tmr13 | |
|---|--|--|--------------------------|--|
| PO Box 3097 Bloomington, IL 61702 | Last 4 digits of account number | ■ Part 2: Creditors with Nonp | riority Unsecured Claims | |
| Name and Address Cach LLC The Corporation Company, Reg | On which entry in Part 1 or Part 2 did you Line 4.23 of (Check one): | ou list the original creditor? Part 1: Creditors with Priori Part 2: Creditors with Nonp | | |
| Agent 1675 Broadway #1200 Denver, CO 80202 | Last 4 digits of account number | | | |
| | Last 4 digits of account number | | | |
| Name and Address Dynia & Associates, LLC C/O D & A SERVICES, LLC National Registered Agents, Inc 388 State St Ste 420 Salem, OR 97301 | On which entry in Part 1 or Part 2 did you Line 4.22 of (Check one): | ou list the original creditor? Part 1: Creditors with Priori Part 2: Creditors with Nonp | | |
| · | Last 4 digits of account number | 9095 | | |
| Name and Address Law Office of Joe Pezzuto, LLC 4411 S 40TH ST STE D11 | On which entry in Part 1 or Part 2 did you Line 4.4 of (Check one): | ou list the original creditor? Part 1: Creditors with Priori Part 2: Creditors with Nonp | | |
| Phoenix, AZ 85040-2956 | Last 4 digits of account number | 4210 | • | |
| Name and Address | On which entry in Part 1 or Part 2 did y | | | |
| LCA Collections PO Box 2240 | Line <u>4.14</u> of (<i>Check one</i>): | Part 1: Creditors with Priori | | |
| Burlington, NC 27216 | Last 4 digits of account number | ■ Part 2: Creditors with Nonp | nonty Unsecured Claims | |
| Name and Address National Recovery Solutions, LLC | On which entry in Part 1 or Part 2 did you Line 4.22 of (<i>Check one</i>): | ou list the original creditor? Part 1: Creditors with Priori | ty Unsecured Claims | |
| POB 322 Lockport, NY 14095-0322 | Last 4 digits of account number | Part 2: Creditors with Nonp | riority Unsecured Claims | |
| Name and Address Northland Group, Inc | On which entry in Part 1 or Part 2 did you Line 4.7 of (Check one): | ou list the original creditor? Part 1: Creditors with Priori | ty Unsecured Claims | |
| CT Corporation System, Reg Agent 388 State St #420 Salem, OR 97301 | | Part 2: Creditors with Nonp | | |
| Salem, OK 97301 | Last 4 digits of account number | 5330 | | |
| Name and Address Northstar Location Services | On which entry in Part 1 or Part 2 did you Line 4.6 of (Check one): | ou list the original creditor? Part 1: Creditors with Priori | ty Unsecured Claims | |
| 4285 Genesee Street Cheektowaga, NY 14225-1943 | | Part 2: Creditors with Nonp | riority Unsecured Claims | |
| | Last 4 digits of account number | | | |
| Name and Address Portfolio Recovery Associates LLC | On which entry in Part 1 or Part 2 did you Line 4.23 of (<i>Check one</i>): | ou list the original creditor? Part 1: Creditors with Priori | tr. I Inconvend Claims | |
| ATTN: Bankruptcy Dept 120 Corporate Blvd | Line 4.20 of (Check one). | Part 2: Creditors with Nonp | | |
| Norfolk, VA 23502 | Last 4 digits of account number | | | |
| Name and Address Portfolio Recovery Associates LLC Corporation Service Company, Reg | On which entry in Part 1 or Part 2 did you Line 4.12 of (Check one): | ou list the original creditor? Part 1: Creditors with Priori Part 2: Creditors with Nonp | | |
| Ag 1127 Broadway St NE #310 Salem, OR 97301 | | . a z. Orodnoro murriorip | , S. ISSSAIGA GIAITIO | |
| , | Last 4 digits of account number | | | |
| Name and Address Portfolio Recovery Associates LLC | On which entry in Part 1 or Part 2 did you Line 4.22 of (Check one): | | hullmoonured Claims | |
| Corporation Service Company, Reg | Line <u>T.EE</u> OF (Offects offe): | Part 1: Creditors with Priori Part 2: Creditors with Nonp | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 12 of 13

Ag 1127 Broadway St NE #310 Salem, OR 97301

Last 4 digits of account number

Line 4.24 of (Check one):

| Name and Address Residential Capital, LLC |
|---|
| c/o KCC |
| 2335 Alaska Ave. |
| El Segundo, CA 90245 |

On which entry in Part 1 or Part 2 did you list the original creditor?

☐ Part 1: Creditors with Priority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **World Points** Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Tota | l claim |
|-----------------------------|-----|---|-----|-----------|------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 741.60 |
| Total claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 950.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total. Add lines 6a through 6d. | 6e. | \$ | 1,691.60 |
| | | | | Total Cla | aim |
| | 6f. | Student loans | 6f. | \$ | 98,560.38 |
| Total claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 168,980.73 |
| | 6j. | Total. Add lines 6f through 6i. | 6j. | \$ | 267,541.11 |

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|-----------|------------------------------------|
| Debtor 1 | Stephen E Pierce | e, III | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF OREGON | | |
| _ | 16-60129-tmr13 | | | |
| (if known) | | | | Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| F | Person or | company with | whom you have the Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|---------------------------------------|---|---------------------|---|
| 2.1 | | · · · · · · · · · · · · · · · · · · · | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | <u> </u> | | | | |
| | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |
| 2.4 | | | | | |
| | Name | | | | <u> </u> |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

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| Fill in this | information to identify your | case: | | | |
|------------------------------|--|---|---|---|---|
| Debtor 1 | Stephen E Pierce | , III | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fili | ng) First Name | Middle Name | Last Name | | |
| United Sta | ites Bankruptcy Court for the: | DISTRICT OF OREGO | N | | |
| Case num (if known) | ber 16-60129-tmr13 | | | | ☐ Check if this is an amended filing |
| | l Form 106H Iule H: Your Cod | ebtors | | | 12/15 |
| people are fill it out, a | filing together, both are equ | ally responsible for sup boxes on the left. Attac | plying correct informa h the Additional Page | tion. If more space is ne | te as possible. If two married seded, copy the Additional Page, of any Additional Pages, write |
| 1. Do | you have any codebtors? (If | you are filing a joint case, | do not list either spouse | e as a codebtor. | |
| ■ No | | | | | |
| ☐ Yes | S | | | | |
| | hin the last 8 years, have you a, California, Idaho, Louisiana | | | | states and territories include |
| | Go to line 3. s. Did your spouse, former spo | use, or legal equivalent liv | e with you at the time? | | |
| in line Form | e 2 again as a codebtor only | if that person is a guarar | ntor or cosigner. Make | sure you have listed the | with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The cred Check all schedules | litor to whom you owe the debt that apply: |
| 3.1 | | | | ☐ Schedule D, line | |
| | Name | | | □ Schedule E/F, lin □ Schedule G, line | • |
| | Number Street City | State | ZIP Code | _ | |
| 3.2 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line ☐ Schedule G, line | ne |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |

Schedule H: Your Codebtors

| | | | | | | | _ | | | | | |
|--------|---|------------------|--|---------------------------------|-----------|-----|------------|--------------|---------|--------------|---------------------------------|------------|
| Fill | in this information to | identify your ca | ase: | | | | | | | | | |
| Del | btor 1 | Stephen E P | ierce, III | | | _ | | | | | | |
| | btor 2 buse, if filing) | | | | | | | | | | | |
| Uni | ited States Bankrupt | cy Court for the | DISTRICT OF OREG | ON | | | | | | | | |
| Cas | se number 16-6 | 60129-tmr13 | | | | | Chec | k if this is | s: | | | |
| (If kr | nown) | | | - | | | | n amend | ed fili | ng | | |
| L | | | | | | | | | | | g postpetition ollowing date | |
| 0 | fficial Form | <u> 1061</u> | | | | | Ī | /M / DD/ ` | YYYY | , | | |
| S | chedule I: \ | our Inco | ome | | | | | | | | | 12/15 |
| atta | rt 1: Describe Fill in your emplo | t to this form. | r spouse is not filing w On the top of any additi | ional pages, write yo | | | | umber (i | f kno | wn). A | Answer ever | y question |
| | information. | • | | Debtor 1 | | | | | | non-fil | ling spouse | |
| | If you have more the attach a separate p | | Employment status | Employed | | | | ☐ Emp | , | | | |
| | information about a employers. | | . , | ☐ Not employed | | | | □ Not € | emplo | yed | | |
| | | | Occupation | Sales & Training | 3 | | | | | | | |
| | Include part-time, s self-employed wor | | Employer's name | self employed | | | | | | | | |
| | Occupation may in or homemaker, if it | | Employer's address | 681 Catron St N Monmouth, OR | 97361 | | | | | | | |
| | | | How long employed t | here? | | | | _ | | | | |
| Par | rt 2: Give Deta | ails About Mor | thly Income | | | | | | | | | |
| | imate monthly inco | | ate you file this form. If | you have nothing to r | eport for | any | line, writ | e \$0 in th | e spa | ice. In | clude your n | on-filing |
| | ou or your non-filing s e space, attach a se | | ore than one employer, co | ombine the informatio | n for all | emp | loyers fo | r that pers | on or | n the li | ines below. I | f you need |
| | | | | | | | For De | btor 1 | | | otor 2 or ng spouse | |
| 2. | | | ry, and commissions (becalculate what the month | | 2. | \$ | | 0.00 | \$ | | N/A | - |
| 3. | Estimate and list | monthly overt | me pay. | | 3. | +\$ | | 0.00 | +\$ | i | N/A | - |
| 4. | Calculate gross li | ncome. Add lir | ne 2 + line 3. | | 4. | \$ | | 0.00 | | \$ | N/A | |

Official Form 106I Schedule I: Your Income page 1

Official Form 106I Schedule I: Your Income page 2

| | ' th' ' (| tion to identify | | | | | | | |
|--------|-----------------------------|---------------------------------------|------------------|--|---|-------------|-------------------|---|-------------|
| FIII | in this informa | tion to identify yo | our case: | | | | | | |
| Deb | tor 1 | Stephen E P | ierce, III | | | Che | eck if this is: | | |
| D-1- | 40 | | | | | | An amended filing | | _ |
| | tor 2 buse, if filing) | | | | | | | wing postpetition chapter the following date: | |
| | | | | | | | | | |
| Unit | ed States Bankri | uptcy Court for the: | DISTRI | CT OF OREGON | | | MM / DD / YYYY | | |
| Cas | e number 16 | 6-60129-tmr13 | | | | | | | |
| (If kr | nown) | | | | | | | | |
| | | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | |
| | | | Evnor | 1000 | | | | 40 | ,, <u> </u> |
| | | J: Your | | ISES . If two married people a | ro filing togother b | oth ore on | ually recognished | | /15 |
| info | rmation. If m | | eded, atta | nch another sheet to this | | | | | |
| Par | t 1: Descr | ibe Your House | ehold | | | | | | |
| 1. | Is this a join | | | | | | | | |
| | ■ No. Go to | line 2. | | | | | | | |
| | | | in a separ | ate household? | | | | | |
| | □ No | 0 | • | | | | | | |
| | □ Ye | es. Debtor 2 mus | st file Offic | ial Form 106J-2, Expense | s for Separate House | ehold of De | ebtor 2. | | |
| • | D | | = | | | | | | |
| 2. | Do you nave | e dependents? | ■ No | | | | | | |
| | Do not list Do and Debtor 2 | | ☐ Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? | |
| | Do not state | the | | | | | | □ No | |
| | dependents | names. | | | | | | ☐ Yes | |
| | | | | | | | | □ No | |
| | | | | | | | | ☐ Yes | |
| | | | | | | | | □ No | |
| | | | | | | | _ | ☐ Yes ☐ No | |
| | | | | | | | | ☐ Yes | |
| 3. | Do your exp | enses include | | No | | | <u> </u> | — 103 | |
| | | f people other t | han $_{\square}$ | Yes | | | | | |
| | yourself and | d your depende | nts? — | 100 | | | | | |
| | | ate Your Ongoi | | | | | | | |
| exp | | | | uptcy filing date unless y sy is filed. If this is a supp | | | | | |
| Incl | lude expense | s paid for with | non-cash | government assistance | if you know | | | | |
| | | | | cluded it on Schedule I: | | | ., | | |
| (Off | ficial Form 10 | 61.) | | | | | Your exp | enses | |
| | The montel of | | | 6 | | | | | |
| 4. | | or nome owners and any rent for th | | ises for your residence. I or lot. | Include first mortgage | e 4. | \$ | 646.00 | |
| | , , | led in line 4: | g | | | | | | |
| | 40 Deel - | otata tava- | | | | A - | ¢ | 40.00 | |
| | | estate taxes rty, homeowner's | s or rente | 's insurance | | 4a. 4b. | · - | 40.00 35.00 | |
| | • | • | | upkeep expenses | | 40. 4c. | : | 130.00 | |
| | | owner's associat | | | | 4d. | · | 0.00 | |
| 5. | Additional n | nortgage payme | ents for yo | our residence, such as ho | me equity loans | 5. | \$ | 0.00 | |

| Deb | tor 1 | Stepher | 1 E Pierce, III | Case num | ber (if known) | 16-60129-tmr13 |
|-----|--------|---------------|--|--------------|----------------|-----------------------------|
| _ | | | | | | |
| 6. | Utilit | | , host natural rea | 0- | ¢. | 400.00 |
| | 6a. | | /, heat, natural gas | 6a. | · | 180.00 |
| | 6b. | | ewer, garbage collection | 6b. | | 10.00 |
| | 6c. | | ne, cell phone, Internet, satellite, and cable services | 6c. | | 101.00 |
| | 6d. | Other. Sp | | 6d. | | 0.00 |
| | | | sekeeping supplies | 7. | | 300.00 |
| 8. | Child | dcare and | children's education costs | 8. | \$ | 0.00 |
| 9. | Cloth | hing, laund | dry, and dry cleaning | 9. | \$ | 110.00 |
| 10. | Pers | onal care | products and services | 10. | \$ | 0.00 |
| 11. | Medi | ical and de | ental expenses | 11. | \$ | 20.00 |
| 12. | Tran | sportation | Include gas, maintenance, bus or train fare. | | | |
| | Do no | ot include of | car payments. | 12. | · | 220.00 |
| 13. | Ente | rtainment, | , clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 14. | Char | ritable con | tributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insu | rance. | | | | |
| | Do no | ot include i | nsurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. | Life insur | ance | 15a. | \$ | 35.00 |
| | 15b. | Health in: | surance | 15b. | \$ | 18.00 |
| | 15c. | Vehicle ir | nsurance | 15c. | \$ | 65.00 |
| | 15d. | Other ins | urance. Specify: | 15d. | \$ | 0.00 |
| 16. | | | nclude taxes deducted from your pay or included in lines 4 or 20. | | | 0.00 |
| | Spec | | norde taxes deducted from your pay or included in inter- | 16. | \$ | 0.00 |
| 17 | | · | lease payments: | | · | 0.00 |
| | | | nents for Vehicle 1 | 17a. | \$ | 0.00 |
| | | | nents for Vehicle 2 | 17b. | | 0.00 |
| | | Other. Sp | | 17c. | * | 0.00 |
| | | Other. Sp | | 17d. 17d. | · | 0.00 |
| 10 | | | s of alimony, maintenance, and support that you did not report as | | Ψ | 0.00 |
| 10. | | | s of allmony, maintenance, and support that you did not report as your pay on line 5, <i>Schedule I, Your Incom</i> e (Official Form 106I). | | \$ | 0.00 |
| 10 | | | is you make to support others who do not live with you. | | \$ | 0.00 |
| 13. | Spec | | is you make to support others who do not live with you. | 19. | Ψ | 0.00 |
| 20 | | | perty expenses not included in lines 4 or 5 of this form or on Sch | | our Income | |
| 20. | | | es on other property | 20a. | | 0.00 |
| | | Real esta | | 20a. 20b. | · - | 0.00 |
| | | | | | | |
| | | | homeowner's, or renter's insurance | 20c. | | 0.00 |
| | | | nce, repair, and upkeep expenses | 20d. | | 0.00 |
| | | | ner's association or condominium dues | 20e. | · | 0.00 |
| 21. | Othe | r: Specify: | Education necessary ot maintain employment | 21. | +\$ | 100.00 |
| 22 | Calc | ulato vou- | monthly expenses | _ | | |
| | | | monthly expenses 4 through 21. | | • | 2.040.00 |
| | | | · · | | \$ | 2,010.00 |
| | | | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | 22c. | Add line 22 | 2a and 22b. The result is your monthly expenses. | | \$ | 2,010.00 |
| 23 | Calc | ulate vour | monthly net income. | | | |
| -0. | | • | 2 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,185.00 |
| | | | ir monthly expenses from line 22c above. | 23a. 23b. | | |
| | ۷۵۵. | сору уос | ii monuny expenses nom nne 220 duove. | 230. | -φ | 2,010.00 |
| | 23c | Subtract | your monthly expenses from your monthly income. | | | |
| | 230. | | your monthly net income. | 23c. | \$ | 175.00 |
| | | THE TESU | icio your monuny necinoonne. | | | |
| 24 | Do v | ou expect | an increase or decrease in your expenses within the year after your | ou file this | s form? | |
| | | | ou expect to finish paying for your car loan within the year or do you expect your | | | se or decrease because of a |
| | | | e terms of your mortgage? | | | |
| | ■ N | 0. | | | | |
| | □ Ye | | Explain here: | | | |
| | , | JJ. | | | | |

| Fill in this inform | | | | |
|---|---------------|--------------------|-----------|--------------------------------------|
| Debtor 1 | | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: DISTI | | DISTRICT OF OREGON | | |
| Case number 10 | 6-60129-tmr13 | | | |
| (if known) | 0012010 | | | ☐ Check if this is an amended filing |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| | Sign Below | | | | | |
|--|--|---|--|--|--|--|
| Di | id you pay or agree to pay someone who is NOT an attorney to | help you fill out bankruptcy forms? | | | | |
| | No | | | | | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) | | | | |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | | | | | | |
| Х | /s/ Stephen E Pierce, III | X Circulation of Dichton 0 | | | | |
| | Stephen E Pierce, III | Signature of Debtor 2 | | | | |
| | Signature of Debtor 1 | | | | | |
| | Date February 4, 2016 | Date | | | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| Fill in t | his information to ide | ntify your case: | | | | |
|-----------------------|--------------------------------|--------------------------|---------------------------------|--|--|---|
| Debtor | 1 Stephen First Name | E Pierce, III | Middle Name | Last Name | | |
| Debtor 2 | | | Wilder Hame | Last Hamo | | |
| (Spouse if | First Name | | Middle Name | Last Name | | |
| United S | States Bankruptcy Cour | t for the: DIST | RICT OF OREGON | <u> </u> | | |
| Case nu (if known) | umber <u>16-60129-tm</u> | r13 | | | - | Check if this is an amended filing |
| State Be as co | omplete and accurate | as possible. If tv | vo married people | duals Filing for B are filing together, both are bothis form. On the top of an | equally responsible for su | |
| | (if known). Answer ev | | a sopulate sheet te | of the top of the | y additional pages, write y | our name and ouse |
| Part 1: | Give Details About | Your Marital Sta | tus and Where Yo | u Lived Before | | |
| 1. Wh | at is your current mar | ital status? | | | | |
| | Married Not married | | | | | |
| 2. Dui | ring the last 3 years, h | ave you lived an | ywhere other than | where you live now? | | |
| ■□ | No Yes. List all of the pla | ces you lived in th | ne last 3 years. Do r | not include where you live no | ν. | |
| De | ebtor 1 Prior Address: | | Dates Debtor 1 lived there | Debtor 2 Prior Ac | dress: | Dates Debtor 2 lived there |
| | | | | egal equivalent in a commu evada, New Mexico, Puerto R | | |
| | No Yes. Make sure you fi | ll out <i>Schedule H</i> | : Your Codebtors (C | Official Form 106H). | | |
| Part 2 | Explain the Source | s of Your Incom | е | | | |
| Fill | in the total amount of ir | come you receive | ed from all jobs and | ng a business during this y all businesses, including par ve together, list it only once u | -time activities. | endar years? |
| ■ | No Yes. Fill in the details | | | | | |
| | | Debtor | 1 | | Debtor 2 | |
| | | | es of income all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| 2015: D estimat | Debtor self employed - te | ☐ Wag | ges, commissions, es, tips | \$18,000.00 | ☐ Wages, commissions, bonuses, tips | |
| | | ■ Ope | rating a business | | ☐ Operating a business | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives: any general partners: relatives of any general partners: partnerships of which you are a general partner:

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

oupport and ammony.

No

Yes. List all payments to an insider

Insider's Name and Address

Dates of payment

Total amount paid

Amount you still owe

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

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Official Form 107

Best Case Bankruptcy

page 3

Statement of Financial Affairs for Individuals Filing for Bankruptcy

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 4

| Par | 18: List of Certain Financial Accounts, I | nstrun | nents, Safe Depos | it Boxes, and St | orage L | Jnits | | | |
|-----|--|----------|--|--|---------|--|---|--|--|
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes, Fill in the details. | | | | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | | st 4 digits of count number | Type of accourant instrument | int or | Date account was closed, sold, moved, or transferred | Last balance before closing on transfer | | |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | | | be the contents | Do you still have it? | | |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy No Yes. Fill in the details. | | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | | Descri | be the contents | Do you still have it? | | |
| Par | 19: Identify Property You Hold or Contro | ol for S | Someone Else | | | | | | |
| 23. | Do you hold or control any property that s for someone. | omeo | ne else owns? Inc | lude any propert | y you b | oorrowed from, are storing | for, or hold in trust | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | | Where is the pro (Number, Street, City, Code) | | Descri | be the property | Value | | |
| Par | 110: Give Details About Environmental Ir | nforma | ation | | | | | | |
| For | the purpose of Part 10, the following defini | itions | apply: | | | | | | |
| | Environmental law means any federal, sta toxic substances, wastes, or material into regulations controlling the cleanup of the | the ai | r, land, soil, surfa | ce water, ground | | | | | |
| | Site means any location, facility, or proper to own, operate, or utilize it, including dis | - | - | environmental I | aw, wh | ether you now own, operat | e, or utilize it or used | | |
| | Hazardous material means anything an enhazardous material, pollutant, contaminar | | | s as a hazardous | waste, | hazardous substance, tox | ic substance, | | |
| Rep | ort all notices, releases, and proceedings t | hat yo | ou know about, reg | gardless of when | they o | ccurred. | | | |
| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | | | dovernmental unit ddress (Number, Street, City, State and | | vironmental law, if you ow it | Date of notice | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 5

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| 25. | Hav | e you notified any governmental unit o | f any release of hazardous material? | | | | |
|---------------|---|--|--|-----------------------|--|------------------------|--------------------|
| | | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environme know it | ental law, if you | Date of notice |
| 26. | Hav | e you been a party in any judicial or ad | ministrative proceeding under any env | ironn | mental law? | ? Include settlements | and orders. |
| | | No Yes. Fill in the details. | | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nat | ure of the o | case | Status of the case |
| Part | 11: | Give Details About Your Business or | Connections to Any Business | | | | |
| 27. | Witl | hin 4 years before you filed for bankrup | tcy, did you own a business or have ar | ny of | the followi | ng connections to ar | y business? |
| | | ■ A sole proprietor or self-employed | in a trade, profession, or other activity | , eith | er full-time | or part-time | |
| | | ☐ A member of a limited liability com | pany (LLC) or limited liability partnersh | nip (L | .LP) | | |
| | | ☐ A partner in a partnership | | | | | |
| | | ☐ An officer, director, or managing ex | xecutive of a corporation | | | | |
| | | ☐ An owner of at least 5% of the votir | ng or equity securities of a corporation | ı | | | |
| | | No. None of the above applies. Go to | Part 12. | | | | |
| | | Yes. Check all that apply above and fil | II in the details below for each busines | s. | | | |
| | Bu | siness Name | Describe the nature of the business | Identification number | er | | |
| | Address (Number, Street, City, State and ZIP Code) | | Name of accountant or bookkeeper | | Do not include Social Security number or ITIN. | | |
| | | | | | Dates business existed | | |
| | | ephen E. Pierce III | internet sales and training | | EIN: 26-2431887 | | |
| | 68 | a Peace Song & Singing Results In N Catron St Inmouth, OR 97361 | programs | | From-To 2006 - present | | |
| | | nin 2 years before you filed for bankrup itutions, creditors, or other parties. No | otcy, did you give a financial statement | to an | nyone abou | t your business? Inc | lude all financial |
| | | Yes. Fill in the details below. | | | | | |
| | | me dress mber, Street, City, State and ZIP Code) | Date Issued | | | | |
| Part | 12: | Sign Below | | | | | |
| are t with | rue a ba | ad the answers on this <i>Statement of Fi</i> and correct. I understand that making ankruptcy case can result in fines up to . §§ 152, 1341, 1519, and 3571. | a false statement, concealing property, | or ol | btaining mo | oney or property by fi | |
| /s/ \$ | Step | ohen E Pierce, III | | | | | |
| | | n E Pierce, III re of Debtor 1 | Signature of Debtor 2 | | | | |
| Date | e | February 4, 2016 | Date | | | | |
| Did y ■ N | | attach additional pages to Your Statem | ent of Financial Affairs for Individuals | Filing | g for Bankr | uptcy (Official Form | 107)? |
| | | rm 107 Stater | ment of Financial Affairs for Individuals Filing | ı for B | ankruptcv | | page (|

Case 16-60129-tmr13 Doc 10 Filed 02/04/16

Best Case Bankruptcy

| Debtor 1 Stephen | E Pierce, III | Case number (if known) | 16-60129-tmr13 | |
|----------------------|---|--------------------------------|----------------|--|
| | | | | |
| | | | | |
| ☐ Yes | | | | |
| | | | | |
| Did you pay or agree | to pay someone who is not an attorney to help you fill out ba | inkruptcy forms? | | |
| ■ No | | | | |
| □ Ves Name of Pers | Attach the Bankruntcy Petition Prenarer's Notice Dec | laration and Signature (Office | ial Form 110) | |

Official Form 107